



*The Commonwealth of Massachusetts*  
*Executive Office of Public Safety*  
*Department of Fire Services*

*P.O. Box 1025 ~ State Road*  
*Stow, Massachusetts 01775*  
*(978) 567~3700 Fax: (978) 567~3199*



STEPHEN D. COAN  
STATE FIRE MARSHAL

THOMAS P. LEONARD  
DEPUTY STATE FIRE MARSHAL

TO: Licensing Desk

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

RE: License Holder Change of Address

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Please make this change in my records at the Office of the State Fire Marshal. My mailing and/or street address have changed and should now be recorded as:

Name \_\_\_\_\_

License # \_\_\_\_\_

New Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Effective Date of New Address \_\_\_\_\_

Former Address _____
City/Town _____ State _____ Zip Code _____
Telephone _____

Signature \_\_\_\_\_